

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107524180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	5					
4	10					
5	10					
6	10					
7	10					
8	10					
9	10					
10	10					
11	10					
12	10					
13	10					
14	10					
15	1					
16	1					
17	2					
18	2					
19	2					
20	2					
21						
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	2					
30	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						